

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2876
Suggested Classification::	235/379
Title::	CASH DISPENSING AUTOMATED BANKING MACHINE WITH FASCIA AND COMPONENT SELF- ALIGNMENT
Attorney Docket Number::	D-1221 R8
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	32
Total Drawing Sheets::	97
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Douglass  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 1037 Bel Air Drive NW  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Roy
Middle Name::	
Family Name::	Mleziva
Name Suffix::	
City of Residence::	Canton
State or Province Of Residence::	OH
Country of Residence::	US
Street of mailing address::	915 39th Street NE
City of mailing address::	Canton
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44714

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Daniel
Middle Name::	
Family Name::	Schoeffler
Name Suffix::	
City of Residence::	Twinsburg
State or Province Of Residence::	OH
Country of Residence::	US
Street of mailing address::	2148 Demi Drive
City of mailing address::	Twinsburg
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44087

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dave  
Middle Name::  
Family Name:: Kraft  
Name Suffix::  
City of Residence:: Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 3505 Darlington Avenue  
City of mailing address:: Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44708

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: C.  
Family Name:: Lute  
Name Suffix::  
City of Residence:: Mogadore  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 3460 Curtis Street  
City of mailing address:: Mogadore  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44260

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Shawn  
Middle Name::  
Family Name:: Griggy  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 2585 Mt. Pleasant NW  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MX  
Status:: Full Capacity  
Given Name:: Pedro  
Middle Name::  
Family Name:: Tula  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 1118 Lindy Lane SW  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720



**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Zen  
Middle Name:: Y.  
Family Name:: Wang  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 8296 Abigail Circle NW  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number:	28995
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Date Filing::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,667	03/10/2003

**Assignee Information**

Assignee Name:: Diebold Self-Service Systems  
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH